

NOV. 16. 2005 12:46PM

TTC-PA 650-326-2422 CENTRAL FAX CENTER

NO. 452 P. 1/9

NOV 16 2005

PTO/SB/21 (08-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/007,270
		Filing Date	November 8, 2001
		First Named Inventor	Hageman, Gregory S.
		Art Unit	1647
		Examiner Name	Seharaseyon, Jegatheesan
Total Number of Pages in This Submission	9	Attorney Docket Number	020618-000120US

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Supplemental Communication (2 pp.) w/attached article (5 pp.).
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks      The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Neil G. Miyamoto		
Date	November 16, 2005	Reg. No.	50,370

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (571) 273-6300 on November 16, 2005.

Signature	
Typed or printed name	Yvonne Mock
Date	November 16, 2005

60637754 v1

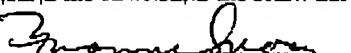
RECEIVED  
CENTRAL FAX CENTER

NOV 16 2005

I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office, Fax No. (571) 273-8300, on November 16, 2005.

TOWNSEND and TOWNSEND and CREW LLP

By:

  
Yvonne Mack

PATENT

Docket No.: 020618-000120US  
Client Ref. No.: N8-79CIP2

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Gregory S. HAGEMAN et al.

Application No.: 10/007,270

Filed: November 8, 2001

For: THERAPEUTICS AND  
DIAGNOSTICS FOR OCULAR  
ABNORMALITIES

Customer No.: 20350

Confirmation No.: 3566

Examiner: Seharaseyon, Jegatheesan

Art Unit: 1647

SUPPLEMENTAL COMMUNICATION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This communication supplements the amendment filed September 7, 2005, which was filed with a Request for Continued Examination in response to the Final Office Action mailed March 22, 2005. In response to the Final Office Action mailed March 22, 2005, please enter the following remarks.

Remarks being on page 2 of this paper.